Side-by-Side Comparison of Health Information Technology (HIT) Legislation	Dingell-Rangel Substitute	H.R. 4157
FUNDING		
Provides financial assistance to establish regional HIT networks.	Yes.	No.
Provides low-interest loans that leverage private dollars to help providers acquire HIT systems.	Yes.	No.
Authorizes grants for providers to adopt IT.	Yes–257 million.	Yes–$40 million.
PRIVACY		
Requires patient consent before personal health information can be shared electronically.	Yes.	No.
Requires *all* individuals and entities possessing personal health information to comply with privacy protections.	Yes.	No.
Requires notification of patients when personal information is breached.	Yes.	No.
Allows patients to get redress when privacy is breached.	Yes.	No.
Requires safeguards, such as data encryption, to protect personal medical information from breaches.	Yes.	No.
FRAUD AND ABUSE		
Maintains current law and protects Medicare and Medicaid from new avenues for fraud and abuse by maintaining current protections against kickbacks and self-referral.	Yes.	No.
Maintains current law and protects patients from potential improper treatment incentives by maintaining current anti-fraud and abuse protections.	Yes.	No.
STANDARDS FOR HEALTH IT		
Requires Federal Government certification process to determine on a voluntary basis whether technologies meet health information standards.	Yes.	No.
Requires the Federal Government to lead broad-scale adoption of IT by using the consensus HIT standards for new purchases of HIT in its own healthcare programs.	Yes.	No.
OTHER		
Price Transparency - Impedes delivery of care by hospitals to inpatients through new pricing and volume reporting requirements.	No.	Yes.
ICD-9 to the ICD-10 diagnosis and billing codes in Medicare – requires adoption by October 1, 2010.	No.	Yes.